

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT -5 PM 2: 06

DOCUMENT # P01000020879

1. Corporation Name

Trumark Installs, Inc.

900161356509
10/05/09--01071--014 **450.00

KS

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida 02-22-2001

5. FEI Number
65-1080380

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

7. Name and Address of Current Registered Agent

Name
Donald H. Heckman C/O D&K Quality Accounting & Tax Service, Inc.

Street Address (P.O. Box Number is Not Acceptable)
710 60th Street Court East

Suite, Apt. #, Etc.

City
Bradenton, FL Zip Code
34208

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent Donald H. Heckman
REGISTERED AGENT MUST SIGN

Date 09-30-09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P,D	Mark Gulsby	3823 38th Ave East	Bradenton, FL 34208

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Mark Gulsby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

10-1-09

Date

941-745-1212
Daytime Phone #